

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**APPLICANT/S**

**CLAIMS**

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1				
TOTAL DEP.	6	↓	↓	↓	↓
TOTAL CLAIMS	7	████████	████████	████████	████████

BEST AVAILABLE COPY